YEAR TWO EVALUATION REPORT

OHIO UNIVERSITY

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PREPARED BY THE VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS

COLUMBUS KIDS- READY. SET. LEARN

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VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS
OHIO UNIVERSITY

OHIO UNIVERSITY
ATHENS, OHIO 45701
740-593-1000
WWW.OHIO.EDU

VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS
BUILDING 21, THE RIDGES, OHIO UNIVERSITY
ATHENS, OHIO 45701
740-593-9381
WWW.VOINOVICHSCHOOL.OHIO.EDU

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The Voinovich School has a long history of serving the region and the state by building public leadership capacity and providing applied research and technical assistance. The School works with a variety of local, regional and state government and non-profit agencies, helping them to better meet their mission of serving Ohio and its people. Dr. Lesli Johnson, Lead Evaluator and Kate Leeman, Research Associate, are the primary authors of this report. Data analysis was provided by Cindy Poole, Senior Data Specialist. Annie White and Dana Larsen edited the report.

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Executive Summary

The goal of Columbus Kids: Ready, Set, Learn is to utilize community assessment and early intervention to increase the percentage of Columbus children who enter kindergarten prepared to learn. In this second year of the evaluation, a combination of qualitative and quantitative data sources were utilized to assess the organization's success at reaching out to families, conducting screenings, connecting children in need with additional services and providing on-going follow-up.

Pursuing an aggressive outreach agenda, this program has demonstrated ongoing initiative and creativity in its attempt to engage the families living in targeted School Attendance Zones 6 (Year One) and 2A (Year Two). This effort has included proactive efforts to hire staff members who reflect the populations of these communities, the development of partnerships with a diverse range of community organizations, including social service agencies, businesses, schools and religious institutions and a willingness to go "where parents and families are" in order to enroll them in Columbus Kids.

As a result of these efforts, Columbus Kids successfully enrolled 2,941 children between February 2010 and September 2011, including 1,557 (60 percent) from families with annual incomes of less than $10,000. Out of these 2, 941 enrolled children, all but 18 have recorded initial screening scores on all six measures (communication, gross motor skills, fine motor skills, problem solving personal-social from the ASQ-3 and social-emotional from the ASQ-SE). Approximately 26 percent of these children were identified as in need of referral for additional services or screening in at least one of the six measures and an additional 18 percent were identified as in need of monitoring in at least one area. The most frequently identified areas of concern were social-emotional, fine motor skills and problem-solving.

If a child is identified as in need of additional monitoring, assessment or services, Columbus Kids staff members attempt to schedule a follow-up meeting with a parent or guardian to discuss the child's score and to provide referrals or resources as needed. The organization's database shows that 942 children, approximately 73 percent of those identified as in need of monitoring and/or referral received some level of follow-

up contact. Among these, 605 were identified as in need of on-going monitoring by Columbus Kids. In addition, a total of 532 referrals were recorded, with some children receiving multiple referrals and others receiving both monitoring as well as one or more referrals. Referrals were most often made to Columbus City School District, Nationwide Children's Hospital, St. Vincent Family Center, the Childhood League and Columbus Speech and Hearing Center. At this time, there is limited information is available regarding the outcome of these referrals, the relatively high rate of successful follow-up contact achieved by Columbus Kids is a testament to the perseverance and creativity of staff members.

Finally, after a child's initial screening, Columbus Kids strives to conduct follow-up learning check-ups at six-month intervals until the child starts school. Despite disconnected phone numbers, address changes and other logistical challenges, approximately 34 percent of the children eligible for a second ASQ-3 screening have been successfully re-contacted and screened, and about 78 percent of these re-screenings have been conducted within 240 days (roughly eight months) of the first screening. Further, a comparison of first and second ASQ-3 screening scores finds that, on the second screening, the number of children found to be on track for all measures increased by about 10 percent while the number of children tagged as needing monitoring or referral decreased (by about 21 percent and 18 percent, respectively). While this change cannot be directly attributed to Columbus Kids since other possible influences have not been excluded, these results do indicate that a portion of the children enrolled in the program are gaining in their level of school preparedness.

In summary, Columbus Kids: Ready, Set, Learn continues to develop in terms of its staffing, community partnerships, implementation and training. The impact of these efforts are reflected in the organizations' ability to successfully establish contact with local families and, even more difficult, provide follow-up referrals, resources and learning check-ups for a substantial percentage of these families.

Introduction

Columbus Kids: Ready, Set, Learn is a collaborative effort of over 100 community organizations led by the United Way of Central Ohio. The project's goal is to utilize community assessment and early intervention to reduce the percentage of Columbus children who enter kindergarten unprepared. Assessments indicate that nearly 40 percent of kindergarten students in the Columbus City Schools district require some form of intervention. Research suggests that these children start school at a disadvantage and that this achievement gap only widens as they advance through the school system.

Columbus Kids is designed to address this problem by using learning checkups to increase the early detection of developmental delays, behavior problems and speech, hearing or vision problems among preschoolers. To perform these learning checkups, Columbus Kids utilizes the Ages and Stages Questionnaire 3 (ASQ-3) and the Ages and States Questionnaire Social-Emotional (ASQ-SE). Columbus Kids' staff members locate children ages two to five, screen them every six months, refer them for services when needed and follow their progress. To establish and maintain contact with families, the program partners with early learning professionals, health and human services organizations, government, neighborhood associations, area businesses and faith-based groups. As an incentive to participate, families receive a $20.00 gift card from Kroger and a free children's book.

Columbus Kids was started in 2010 with funding from Columbus City Schools, Columbus City Schools Education Foundation, the Franklin County Board of Commissioners, JP Morgan Chase Foundation, The Limited Foundation and individual donors. An evaluation of the implementation and impact of Columbus Kids was built into the original design of the initiative. Since the earliest planning stages of the project, Ohio University's Voinovich School of Leadership and Public Affairs has been working with the leadership team at Columbus Kids and with GroundWork group, who design and manage the database.

Findings from the first year of the Columbus Kids Initiative indicate that the program and its many partners very successfully engaged families in the first target areas, Central City and Weinland Park (School Attendance Zone 6). As of Oct 31, 2010, Columbus Kids had enrolled 1330 children and completed screens on 1328 children, significantly exceeding their goal to screen 80 percent of the estimated 1,149 children residing in the targeted region. Further, approximately 16 percent of these children were identified as in need of further monitoring, and nearly 29 percent were identified as in need of services or further assessment. Despite appropriate effort on the part of Columbus Kids' staff members; follow-up efforts with families were less successful. Only 20 percent of children identified as in need of addition services were receiving or on the wait list to receive these services and only a third of eligible, enrolled families had completed the second, six-month learning check-up as of Oct 31, 2010. Year One evaluation recommendations included the following:

- Recognizing the important role community partnerships play in the success of this effort and continuing to prioritize their engagement through information and idea sharing as well as the provision of on-going recognition and support by all Columbus Kids staff members.
- Continuing to develop the database and strategies for inputting information particularly focused improving the ability to capture follow-up, referrals and referral outcomes.
- Focusing additional staff time and energy on strategies for increasing follow-through on the six- month and subsequent learning check-ups, particularly with children who are identified as being in need of monitoring, referral or further assessment.
- Identifying and developing additional strategies for overcoming barriers to obtaining services for children identified as in need of monitoring, referral or further assessment.

This evaluation report focuses on Columbus Kids second year of implementation.

Evaluation Design and Methodology

The Voinovich School participated during the planning phases of the Columbus Kids initiative and designed a multimodal evaluation, using both qualitative and quantitative data to explore the implementation and outcomes of the initiative. This report will discuss program implementation in this second year, comparing current year infrastructure, outreach, screening and follow-up information with data collected in Year One to track the development of the program over time. This will include quantitative and qualitative analysis of information exported from the Columbus Kids database regarding demographics, screening scores, follow up, referrals and other information for children participating in the program between Oct. 31, 2010 through September 30, 2011. In addition to information from the database, this evaluation report is informed by interviews and materials from program leadership, a focus group with all program staff and other materials provided by Columbus Kids (CK).

The primary evaluation questions to be addressed in this report include:

- ✓ How has infrastructure implementation developed over the last year and is it continuing to support the initiative's desired results?
- ✓ Are targeted families continuing to enroll and participate in the initial learning check-ups?
- ✓ Have steps been taken to address barriers to maintaining contact with participating families and obtaining follow-up services for children identified as needing further screening and/or services, what happened?
- ✓ What impact did expansion into a new service area (Linden or School Attendance Zone 2a) have on the program's implementation and outcomes?

Findings

Infrastructure

The Year One Columbus Kids Evaluation Report quoted one of the program administrators as stating, "*There is no one way to engage families in obtaining and/or providing quality early learning experiences for the children-engagement efforts must be varied depending on what each family wants and needs*." The program has developed routines and systems to facilitate efficient outreach, screening, referral and follow-up efforts but, as an organization, Columbus Kids continues to emphasize flexibility and responsiveness. This commitment is illustrated by the following examples:

> When enrollment numbers in Zone 2A did not reach desired levels, Columbus Kids took advantage of a funding opportunity to extend the enrollment timeline by one month and focused all staff energies on outreach in August, 2011. In addition to establishing a new record by enrolling 275 children in a single month, this strategy allowed Wellness Coordinators to provide immediate resources and referrals for children identified as in need of additional services.
>
> One Outreach Worker described how members of that team have divided their tasks so that each person generally, "is doing what comes natural to them" but that all are also cross-trained and capable of stepping into other roles as needed.
>
> A Wellness Coordinator described responding to a home care provider's concerns about a child and realizing how teaching this individual some strategies for assisting this one child could eventually end up helping many other families over the years.
>
> In an effort to facilitate reconnecting with families for the six-month follow-ups, Columbus Kids is planning to host a monthly birthday party for all children born in that month. The first party is scheduled for September 2011 at the Linden Library. Children will receive gifts geared toward enhancing fine-motor skills and tables will be set up with fun activities that model for parents the use of scissors and crayons to help develop these skills. In addition, there will be a story time for children and activities for parents related to Ready to Read.

Staffing

Columbus Kids increased its staff in Year Two and also experienced significant turnover. As a result, a large percentage of workers are relatively new in this position, although most

have previous experience working in the fields of social service, early childhood education, or both.

When asked why the wanted to work for Columbus Kids, many staff members referenced their previous professional experience regarding the power of early intervention in the lives of children:

> "I came from a mental health background and I worked with kids, usually five to 18 years old and one of the things when I came to [Columbus Kids], I thought early intervention was really important because…if you address, you know, before the age of ten often the prognosis can be completely different."
>
> "I've done work in the same neighborhood in one way or another for the past 10 years and I've gotten to see a lot of people grow up…It helps me to understand how important it is to try to catch things, as many things a possible - problems or issues, while they're young."
>
> "Coming from an educational background, the best thing I like about the program is the early intervention because so many people do not prepare their children for kindergarten or expect head start to do it, not knowing earlier that there's things you can do. You can just see light bulbs sometimes going off with parents when we give them suggestions."
>
> "I like the idea of assessing children before they enter school. I've worked in education so I've seen … We're able to identify some problems that they may have now or down the line and then we can help families get the help that they need. That's what I really like about it."
>
> "I come from an educator background and I know firsthand how hard it can be for the educator and frustrating for the children…It's very exciting that we're looking at this problem and actually trying to address it before it's too late."

Other staff members seemed to be more motivated by their ability to provide support and assistance to parents:

> "It's nice to be able to connect families to all of the resources that we have available that a lot of families wouldn't necessarily know about and they also need someone to kind of advocate and to kind of guide them along and I think that's what is definitely appealing to me."

"I like working with this project because it actually get families talking early or just talking period….When it comes to education, no one want to talk about what is going on and why the child is not able to do certain things at different times that they may have seen a pervious child do… So it get the families talking early, particularly to try to find out what service is needed and what help is needed and what activities they can do to make it fun."

"When we discuss the results of the ASQ or the ASQ S-E with parents, it seems to empower them. That they have the words they need to go on and talk about any of their concerns or even just to show some self-confidence that, 'Hey, I don't have to compare myself to the kid next to me. My child is right on track.' So I feel like this program is advocating for parents."

"I feel like some families maybe use us as just someone to talk to, for us to reassure them that, yes, they are doing these things right and, you know, their child may just need some more time to catch up…to just say, hang in there, try these things to help them along."

"Sometimes it just feels good to be able to offer $20 giftcards. It might not be much but sometimes people are desperate, and sometimes they just want to do it for the giftcard but I think it's a great thing that we do."

When asked what is most frustrating about their work, Columbus Kids staff members most often referenced the barriers they experience when attempting to provide follow-up services to parents. In many cases, it is simply difficult to get back in touch with families after the initial contact, particularly via telephone. As one staff member stated, "We reach them, they complete the questionnaire, generally they're interested but then it's trying to get in touch with them to actually send them information … I would say the biggest struggle is reaching the families by phone. If we were there face-to-face they would be more excited about it."

Some staff members also expressed frustration when parents resist follow-up services, which are perceived to occur in several ways. Parents may deny that their child has an issue that needs to be addressed or state that the family does not want to receive services for the child. Less directly, parents may cancel scheduled home visits or not be home when the Wellness Coordinator arrives. Despite their frustration, Columbus Kids staff members

generally seem to understand and empathize with the various fears that may motivate these behaviors. As one staff person stated, "There's a little bit of resistance because the parents are like… my child is fine, they talk fine, there's nothing wrong….they don't want to talk about it or they possibly don't want to address it or they don't want that to make it seem like they're a bad parent." Another staff member pointed out that, in the Somali culture and some others, "there is stigma with saying your child is behind or your child needs this." Another acknowledged that "you could come up and tell somebody that you're going to do something for a kid and it can go completely over their head or they won't receive it just because they don't like you or because they're having a bad day or because they think you're kind coming with [attitude]." Finally, some staff members commented that other parents are extremely enthusiastic about receiving ideas and resources. As one said, "One woman, I was telling her about a fine motor activity and it was like I was telling her, 'This is how you win the lottery!' She was so excited."

Another related area of frustration described by several staff members is when parents are successfully re-contacted and want to obtain services for their child but are unable to due to a lack of adequate capacity on the part of the service providers. One staff member commented, "Some of the agencies we work with, one month they'll let us know, 'Hey, our wait list is really down, we have some open spots.' And then sometimes they're really full and aren't taking any new referrals at that time." Another said, "I call an agency and don't hear back for a while so how can I expect the parent to be patient enough to go through that process?"

One staff member questioned the wording of a couple of the Ages and Stages questions, stating that many people don't know what is meant by "lacing beads" and that some perceive being "clingy" as an appropriate way for children to be with a parent. Another expressed some frustration that the tasks associated with outreach provide little opportunity to spend quality time with families because "the interaction with the parent and the amount of time really matters when you're trying to develop a relationship or have someone accept a social services program." A third described how difficult it is when a child is covered by private insurance and needs mental health services because, "I don't feel like there's any mental health services to refer them to…It's kind of scary."

Training

When asked about the types of training they received, Columbus Kids staff members offered several examples. Some of these related to training provided during orientation, such as watching an Ages and Stages demonstration DVD and role playing parent interactions with other staff members. However, most staff members talked about the on-going opportunities for continued learning provided by Columbus Kids. These included formal workshops presented off site, such as an Ages and Stages train-the-trainer workshop and a social and emotional development training provided by the Educational Service Center. In addition, Columbus Kids organizes internal trainings on a nearly weekly basis, presenting strategies for dealing with particular issues and bringing in speakers to provide up-to-date information about community resources, such as a representative from Franklin County Department of Job and Family Services who shared information about the federally-funded Healthcheck program that could be used to offset certain medical costs for children receiving Medicaid. As one staff member commented, "I always seem to learn from the training and it just gives me better confidence to go out there and do my job because almost, pretty much, everything we encounter we've usually had a training about it."

A few members mentioned that they found shadowing co-workers and observing how they interact with parents particularly helpful.

> "The on-the-job training was priceless because each parent and child could potentially be different. Watching other members of the outreach team with their approach and then at some point you kind of develop your own approach."
>
> "I like to go to trainings and I like to read but I think I learn better from watching co-workers and I think one of the things is verbiage. It's kind of hard to figure out exactly how you want to present things to the families we're working with and it's hard to have a training on that because everyone has their different comfort level."

When asked about the types of training they'd like to receive in the future, one staff member mentioned an interest in workshops with agencies to which parents are most often referred "so that we have a really good understanding what we're telling parent to do and what services they can take part in." A member of the Outreach Team suggested that additional training on the follow-up process would be helpful so that "when we're speaking

with families and parents one-on-one we can let them know exactly what to expect, what the Wellness Coordinator may recommend, that sort of thing." A third staff member recommended ongoing training on cultural differences and sensitivity to help ensure that parents of different backgrounds are consistently approached in ways that encourage their receptivity to the program.

Partnerships

The success of Columbus Kids model is highly dependent upon developing and maintaining a diverse array of strong community partnerships. A dynamic feedback loop develops when this process works well. Entities already embedded in the community, such as social service agencies, religious institutions, schools and businesses, help connect program staff with families by providing both access and credibility. Access is facilitated because Columbus Kids staff members are allowed to do outreach in Opportunity Center waiting areas, at church food banks, during health fairs or even in local beauty and barbershops – anywhere that parents and caregivers of small children can be found. Credibility is fostered when trusted local opinion leaders encourage families to participate. As one staff member described in relation to the faith-based community, "If it's cleared from the church, then it's okay to do it because Pastor said whatever or Reverend said whomever is good. Then it's okay, you're credible."

In turn, as Columbus Kids staff members become actively involved in the community, they can often help connect families to additional programs and services about which they were not previously aware. Several staff members echoed this comment by one of the outreach workers, "We do so many outreach events and reach out to so many organizations as a way to try to reach the children and families that we end up learning about 'Oh, we have this program' or we're at all these events and there's all these tables and we go around and pick up flyers and then that's just more things to hand our families." Stated another, "We do deal with a lot of people who come and ask for extra help and for something completely not related to us. It feels good to be able to know, 'We can't help you, but you can call this number.'" Another staff member offered a specific example of this by describing how parents with children too young for Columbus Kids can often benefit from being referred to Action for Children, a program that helps families find quality childcare providers.

It is worth noting that developing and maintaining partnerships with local businesses has played a critical role in funding Columbus Kids. When staff were asked what advice they would offer to another community developing a similar project, one administrator commented, "Your business community really needs to understand that early childhood education is something that's needed because [Columbus Kids] to this point is something that has been funded by business, by the county, and by private individuals. So, if you don't have a community that gets it, this isn't going to work."

When asked to describe the difference between the neighborhoods targeted in Years One (Zone 6) and Two (Zone 2A), several staff members referenced issues related to partnership development. A program administrator described the decision to target Zone 6 first because "it is social service rich and because I had a lot of relationships in this area and people I've worked with forever…We knew that when we went into 2A that it was going to be a lot of legwork, that it was going to take a lot of time to develop relationships." According to staff members, the community infrastructure in 2A is primarily built around smaller faith-based organizations and charter schools rather than large social service agencies. As one individual commented, "When they found out about us, they were jumping on board, but we just had a lot more of those contacts already made in Zone 6." Some community organizations that staff members mentioned developing partnership with included St. Stephen's Community House, the Greater Linden Business Corporation, the Linden Public library, Columbus City Schools, Nationwide Children's Hospital, and the local Job and Family Services' Opportunity Centers.

One example of the key role that relationships and partnership-building play in this program is provided by the organization's changing relationship with the local Somali population. Until recently, Columbus Kids had little success engaging Somali families to participate in the program, enrolling only 3 children with Somali-speaking mothers in Year One. However, this year, Columbus Kids hired a Somali-American staff member who is fluent in both English and Somali and who Somali parents can readily identify as a member of their community. This employee reports that the reaction of the Somali community has generally been positive "except for the people who are kind of like, 'What are you doing? Are you collecting information for the government?' And they'll say, 'I don't want anything

to do with you.'" Overall the major challenge has been the high level of need among this underserved population. As this employee says, "Especially with Job and Family Services, it's kind of overwhelming…People are coming up to me constantly just because I'm Somali. I can't tell you how many times I've just filled out applications for people and I can't say no because they don't speak English…I was being asked questions before I even walked through the door." However, the impact on the perception of Columbus Kids by the Somali community has been dramatic. As another staff member points out, "We've even been able to go into some of the masjids…That was a section of the faith-based community that we hadn't been able to crack so it's been really helpful. I think that's also been true for some of the centers. We've got some primarily, predominantly, Somali centers and we weren't able to get very far until we were able to have someone who understand and speaks the language and understands the culture in a way that we can't." As a result of these developing relationships and partnerships, Columbus Kids enrolled 50 children with Somali-speaking mothers in Year Two, more than 16 times the number enrolled in Year One.

Engaging Families

Between February 1, 2010 and September 30, 2011, 2,941 children were enrolled in Columbus Kids. These include 1,352 in Cohort 1 (enrolled prior to November 1, 2010) and 1,589 in Cohort 2 (enrolled on November 1, 2010 or later). A total of 1,827 children from Zone 6 and 1,114 children from Zone 2A have been enrolled (see Table 1).

Table 1: Children Enrolled by Cohort and Zone

Cohort	Zone		
	Zone 2A	Zone 6	Total
Cohort 1	36	1,316	1,352
Cohort 2	1,078	511	1,589
Total	**1,114**	**1,827**	**2,941**

Families were engaged through a number of different strategies. At the time of the initial screening, parents were asked how they heard about Columbus Kids and to cite all sources that apply. Sources included home providers, Early Learning Centers, outreach, family/friends, internet/website and media. The bulk of citations by parents were for Outreach and Early Learning Centers (with 50 and 45 percent respectively). Table 2 below shows the number and percentage of times the sources were referenced.

Table 2: Number and percentage of sources parents cited for knowledge about Columbus Kids

Source	Cohort 1		Cohort 2		Total	
	Number of Citations	Percentage of Citations	Number of Citations	Percentage of Citations	Number of Citations	Percentage of Citations
Home Provider	45	3.3%	43	2.7%	88	3.0%
Early Learning Center	640	47.3%	478	30.1%	1,118	38.0%
Outreach	674	49.9%%	1,054	66.3%	1,728	58.8%
Family/Friends	66	4.9%	59	3.7%	125	4.3%
Internet/Website	4	0.3%	4	0.3%	8	0.3%
Media	8	0.6%	12	0.8%	20	0.7%

Columbus Kids conducts initial screenings of children in five settings: Outreach (which can include a wide variety of community sites where Outreach workers anticipate the opportunity to interact with children and their caregivers), Early Learning Centers, Head Start, Pre-Kindergarten and home providers (see Table 3).

The percentage of children initially screened through Outreach increased in Year Two (from approximately 50 percent to 66 percent). This may be due in part to the relative lack of a service infrastructure in Zone 2A, as previously discussed in the Partnership section. This may have forced Columbus Kids to rely more heavily on its own staff members to reach children through proactive outreach efforts.

Table 3: Number and percentage of participating children by initial screening setting

Initial Screening Setting	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Outreach	673	49.8%	1,049	66.0%	1,722	58.6%
Early Learning Center	462	34.2%	318	20.0%	780	26.5%
Head Start	115	8.5%	104	6.5%	219	7.4%
Pre-Kindergarten	61	4.5%	80	5.0%	141	4.8%
Home Provider	41	3.0%	38	2.4%	79	2.7%
Total	**1,352**	**100.0%**	**1,589**	**100.0%**	**2,941**	**100.0%**

Child and Family Demographics

Columbus Kids sought to provide a learning check-up for all children, ages 2 ½ through 4, living or receiving services within the targeted zones of 6 and 2A. Of the 2,941 participating children, roughly 52 percent (n = 1,514) were male and 48 percent (n=1,412) were female (see Table 4). The gender distribution of participants is similar in Year One (in which males made up 52 percent of children) and Year Two (in which males made up 51% of participants). Information about gender was not provided for 15 children.

Table 4: Number and percentage of participating children by gender

Gender	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Male	709	52.4%	805	51.1%	1,514	51.7%
Female	643	47.6%	769	48.9%	1,412	48.3%
Total	**1,352**	**100.0%**	**1,574**	**100.0%**	**2,926**	**100.0%**

Black or African American children represented 69 percent of the total number of participants. This percentage decreased by one percentage point between Year One (69.5 percent) and Year Two (68.5 percent). The percentage of white or Caucasian children participating in the program also decreased by approximately one percent (from 16.6 percent to 15.4 percent) between Year One and Year Two. Children of other races increased by approximately two percent, 13.9 percent in Year One to 16.1 percent in Year

Two. Race was not reported for 17 enrolled children. Table 5 shows the number and percentage of participating children by race.

Table 5: Number and percentage of participating children by race

Race	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Black or African American	934	69.5%	1,082	68.5%	2,016	68.9%
White, Caucasian	223	16.6%	243	15.4%	466	15.9%
Other	187	13.9%	255	16.1%	442	15.1%
Total	**1,344**	**100.0%**	**1,580**	**100.0%**	**2,924**	**100.0%**

The majority of enrolled children (79 percent) were between the ages of two and four at the time of their initial screening. Less than one percent were below 24 months old and 21 percent were over 48 months. The percentage of enrolled children older than four at the time of their first screening decreased from 25 percent in Year One to 17 percent in Year Two. Date of birth was not reported for three children. Table 6 shows the number and percentage of participating children by age at the time of their initial screening.

Table 6: Number and percentage of participating children by age

Age	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
<24 Months	1	0.1%	6	0.4%	7	0.2%
24 to <36 Months	391	28.9%	569	35.9%	960	32.7%
36 to <48 Months	620	45.9%	750	47.3%	1,370	46.6%
48 Months+	340	25.1%	261	16.5%	601	20.5%
Total	**1,352**	**100.0%**	**1,586**	**100.0%**	**2,938**	**100.0%**

Among enrolled children for whom this information is available, approximately 63 percent (1,787 children) are in a learning environment outside of their own home (see Table 7). This percentage has decreased, from approximately 68 percent in Year One to about 58 percent in Year Two. This may in part reflect differences in service availability in Zone 6 (targeted in Year One) and Zone 2A (targeted in Year Two). In both years, the greatest number of children are reported to be enrolled in an Early Learning Center (37 percent on average) followed by Head Start (18 percent on average). Less frequently reported external learning environments include home providers and pre-kindergartens (with approximately 4 percent of children reported to be enrolled in each). This information was not available for 87 children.

Table 7: Number and percentage of participating children by learning environment

Learning Environment	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Early Learning Center	566	42.0%	485	32.2%	1,051	36.8%
Home	436	32.3%	631	41.9%	1,067	37.4%
Head Start	257	19.1%	263	17.5%	520	18.2%
Home Provider	41	3.0%	69	4.6%	110	3.9%
Pre-Kindergarten	48	3.6%	58	3.9%	106	3.7%
Total	**1,348**	**100.0%**	**1,506**	**100.0%**	**2,854**	**100.0%**

Among children for whom this information is available, 60 percent of participating children (n=1,557) are reported to be living in a family with an annual income of less than $10,000 at the time of the initial screening. This percentage has increased slightly, from approximately 59 percent in Year One to approximately 61 percent in Year Two. Table 8 shows the number and percentage of participating children by family income and by cohort. Some care should be used in interpreting this data as family income information was not provided for approximately 12 percent of cases.

Table 8: Number and percentage of participating children by family income

Family Income	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
Below $4,999	540	46.5%	665	46.4%	1,205	46.5%
$5,000-$9,999	141	12.1%	211	14.7%	352	13.6%
$10,000-$19,999	160	13.8%	245	17.1%	405	15.6%
$20,000-$39,999	173	14.9%	211	14.7%	384	14.8%
$40,000-$59,999	39	3.4%	46	3.2%	85	3.3%
Over $60,000	109	9.4%	54	3.8%	163	6.3%
Total	**1,162**	**100.0%**	**1,432**	**100.0%**	**2,594**	**100.0%**

Information about maternal level of education and native language was also collected from participants at the time of the initial screening. Approximately 19 percent of participating children's mothers (n=487) have not completed high school or earned a GED (see Table 9). This percentage has increased, from approximately 17 percent in Year One to about 20 percent in Year Two. This data should be used with caution as approximately 12 percent of cases do not provide information about the mother's education level.

Table 9: Number and percentage of participating children by mother's education

Mother's Level of Education	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
No Formal Education	24	2.0%	34	2.4%	58	2.2%
Some High School	173	14.8%	256	18.0%	429	16.6%
GED	99	8.5%	107	7.5%	206	8.0%
High School Grad	225	19.2%	310	21.8%	535	20.7%
Some College	395	33.7%	501	35.3%	896	34.6%
Associate Degree	73	6.2%	82	5.8%	155	6.0%
Bachelor Degree	106	9.1%	81	5.7%	187	7.2%
Master Degree	59	5.0%	35	2.5%	94	3.6%
PhD Level	17	1.5%	13	0.9%	30	1.2%
Total	1,171	100.0%	1,419	100.0%	2,590	100.0%

The vast majority of participating children (nearly 92 percent) have mothers whose native language is English. This percentage has decreased slightly, from 93 percent in Year One to

90 percent in Year Two (see Table 10). In part, this is due to an increase in the number of enrolled children with mothers whose native language is Somali, up from 3 (less than 1 percent) in Year One to 50 (3.5 percent) in Year Two. This data should be used with caution since approximately 11 percent of cases do not provide information about the mother's native language.

Table 10: Number and percentage of participating children by mother's native language

Mother's Native Language	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
English	1,121	93.4%	1,275	90.2%	2,396	91.7%
Other	51	4.3%	54	3.8%	105	4.0%
Somali	3	0.3%	50	3.5%	53	2.0%
Spanish	25	2.1%	34	2.4%	59	2.3%
Total	1,200	100.0%	1,413	100.0%	2,613	100.0%

Identifying Children at Risk

The Ages and Stages Questionnaire (ASQ-3) is a tool for screening young children through 66 months of age for developmental delays. The ASQ-3 covers five developmental areas or dimensions: communication, gross motor, fine motor, problem solving, and personal-social. The Ages and Stages Questionnaire: Social Emotional (ASQ:SE) is a developmental screening tool used to complement the ASQ-3 to assess children's social-emotional development. It covers personal-social areas (such as self-regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people). Parents/caregivers complete the questionnaires, sometimes with the assistance of Columbus Kids staff who score each of the six screening dimensions and enter them into the database.

The ASQ-3 publisher defines cutoff scores to determine whether a child being screened is on target for a particular dimension, in need of monitoring or in need of referral for additional screening and services. These categories have been used to discuss ASQ-3

results in this report. The ASQ-SE results are discussed using the same categories, but the cutoff scores for these were determined by Columbus Kids (see Table 11).

Table 11: ASQ-3 and ASQ:SE Screening Results Categories

ASQ-3 & ASQ:SE Screening Results Categories	
On Target	Score is above cutoff, the child's development appears to be on schedule
Monitor	Score is close to the cutoff, monitor
Referral	Score is below the cutoff, further assessment with a professional may be needed

Of the 2,941 enrolled in Columbus Kids, all but 18 had recorded initial screening scores for all six measures. Of these, roughly 56 percent were determined to be on target for all six measures and an additional 18 percent were ranked as either on target or monitor for all six measures. Approximately 26 percent of screened children (n=770) were flagged as in need of referral to additional screening or services on at least one of the six measures (see Table 12).

Table 12: Results of Initial ASQ-3 / SE Screening for Children who Completed all 6 Measures

Screening Results Category	Number of Children	Percentage of Children
On Target	1,632	55.8%
Monitor	521	17.8%
Referral	770	26.3%
Total	**2,923**	**100.0%**

When broken out by year, the percentage of children determined to be on target across all six measures showed little change, with just over 55 percent of children falling into this category in Year One compared to 56 percent in Year Two. The percentage in need of monitoring only versus in need of referral on at least one measure shifted slightly, with those flagged for referral decreasing from approximately 29 percent in Year One to

approximately 24 percent in Year Two. The reverse trend is apparent in the monitor category, increasing from approximately 16 percent in Year One to approximately 20 percent in Year Two (see Table 13).

Table 13: Results of Initial ASQ-3 / ASQ:SE Screening by Cohort

Screening Results Category	Cohort 1		Cohort 2		Total	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children	Number of Children	Percentage of Children
On Target	745	55.3%	887	56.%	1,632	55.8%
Monitor	213	15.8%	308	19.5	521	17.8%
Referral	389	28.9%	381	24.2	770	26.3%
Total	**1,347**	**100.%**	**1,576**	**100.0%**	**2,923**	**100.0%**

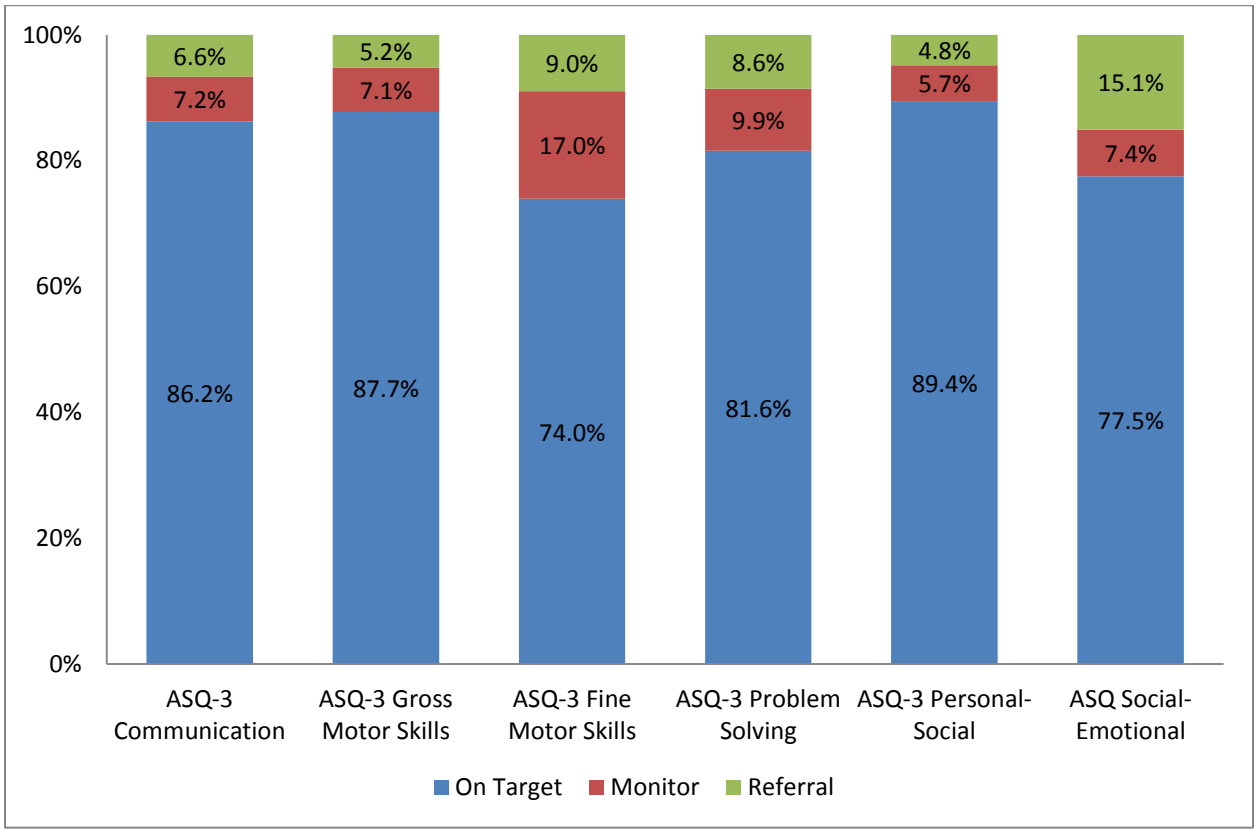
When broken out by category, social-emotional concerns continue to be the most common reason for a child to be flagged for referral (see Table 14). Among all screened children, approximately 15 percent (442 children) were identified as in need of further assessment in this area. However, this percentage decreased between Year One (when 17 percent were identified for referral on this measure) and Year Two (when 13 percent were so identified).

Table 14: Number of children by ASQ-3/ASQ:SE dimension area and score category

Screening Dimensions	Cohort 1			Cohort 2			Total		
	On Target	Monitor	Referral	On Target	Monitor	Referral	On Target	Monitor	Referral
ASQ-3 Communication	1,143	100	108	1,385	111	86	2,528	211	194
ASQ-3 Gross Motor Skills	1,178	97	76	1,396	110	77	2,574	207	153
ASQ-3 Fine Motor Skills	1,002	217	132	1,168	283	132	2,170	500	264
ASQ-3 Problem Solving	1,074	143	134	1,319	147	117	2,393	290	251
ASQ-3 Personal-Social	1,191	79	81	1,432	89	61	2,623	168	142
ASQ Social-Emotional	1,021	97	230	1,252	120	212	2,273	217	442

Other measures with relatively high percentages of children identified as in need of referral include fine motor skills (9 percent of screened children) and problem solving (nearly 9 percent of screened children). Measures with the smallest percentage of children identified as in need of referral include personal-social and gross motor skills (both approximately 5 percent of screened children) as well as communication (approximately 7 percent of screened children). The percentages of students requiring monitoring reveal a similar pattern, with the highest being fine motor skills (17 percent) and problem solving (nearly 10 percent). Less difference is apparent at the lower end of the spectrum, as about 6 to 7 percent of screened children were identified as requiring monitoring on the personal-social, gross motor skills, communication and social-emotional measures (see Figure 1).

Figure 1: Percentage of children by ASQ-3/ASQ:SE Dimension and Score Category



Tables 15 through 20 show the number and percentage of children by age group and score category for each of the six dimensions. Of those aged 36 to less than 48 months, the largest number of children (n=203) were identified as in need of referral for the social-emotional (ASQ-SE) measure. The next most common measures for which children of this age were identified as in need of referral were fine motor (n=115); problem-solving (n=110); communication (n=88) and gross motor (n=73). The smallest number of children in this age group (n=67) were identified as in need of referral for the personal-social measure. This is similar to the distribution of referral recommendations obtained for children overall (see Table 15).

Table 15: Communication: Number and percentage of children by age and score category

	On Target		Monitor		Referral	
Age	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	5	83.3%	1	16.7%	0	0.0%
24 to <36 Months	819	85.6%	73	7.6%	65	6.8%
36 to <48 Months	1,194	87.2%	87	6.4%	88	6.4%
48 to <60 Months	474	85.7%	44	8.0%	35	6.3%
60+ Months	34	75.6%	5	11.1%	6	13.3%
Total	**2,526**	**86.2%**	**210**	**7.2%**	**194**	**6.6%**

*data not reported for 11 children due to missing age or asq score

Table 16: Gross Motor: Number and percentage of children by age and score category

	On Target		Monitor		Referral	
Age	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	6	100.0%	0	0.0%	0	0.0%
24 to <36 Months	863	90.1%	51	5.3%	44	4.6%
36 to <48 Months	1,184	86.5%	112	8.2%	73	5.3%
48 to <60 Months	485	87.7%	37	6.7%	31	5.6%
60+ Months	34	75.6%	7	15.6%	4	8.9%
Total	2,572	87.8%	207	7.1%	152	5.2%

*data not reported for 10 children due to missing age or ASQ score

Table 17: Fine Motor: Number and percentage of children by age and score category

Age	On Target		Monitor		Referral	
	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	4	66.7%	1	16.7%	1	16.7%
24 to <36 Months	675	70.5%	196	20.5%	87	9.1%
36 to <48 Months	1,035	75.6%	219	16.0%	115	8.4%
48 to <60 Months	419	75.8%	77	13.9%	57	10.3%
60+ Months	35	77.8%	6	13.3%	4	8.9%
Total	2,168	74.0%	499	17.0%	264	9.0%

*data not reported for 10 children due to missing age or ASQ score

Table 18: Problem Solving: Number and percentage by age and score category

Age	On Target		Monitor		Referral	
	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	4	66.7%	1	16.7%	1	16.7%
24 to <36 Months	791	82.6%	84	8.8%	83	8.7%
36 to <48 Months	1,121	81.9%	138	10.1%	110	8.0%
48 to <60 Months	444	80.3%	57	10.3%	52	9.4%
60+ Months	32	71.1%	8	17.8%	5	11.1%
Total	2,392	81.6%	288	9.8%	251	8.6%

*data not reported for 10 children due to missing age or ASQ score

Table 19: Personal-Social: Number and percentage by age and score category

Age	On Target		Monitor		Referral	
	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	5	83.3%	1	16.7%	0	0.0%
24 to <36 Months	855	89.2%	58	6.1%	45	4.7%
36 to <48 Months	1,222	89.3%	80	5.8%	67	4.9%
48 to <60 Months	504	91.3%	24	4.3%	24	4.3%
60+ Months	35	77.8%	4	8.9%	6	13.3%
Total	2,621	89.5%	167	5.7%	142	4.8%

*data not reported for 11 children due to missing age or ASQ score

Table 20: Social-Emotional: Number and percentage by age and score category

Age	On Target		Monitor		Referral	
	# Children	% in Age Group	# Children	% in Age Group	# Children	% in Age Group
<24 Months	6	85.7%	0	0.0%	1	14.3%
24 to <36 Months	728	76.0%	83	8.7%	147	15.3%
36 to <48 Months	1065	78.0%	97	7.1%	203	14.9%
48 to <60 Months	441	79.6%	35	6.3%	78	14.1%
60+ Months	31	68.9%	2	4.4%	12	26.7%
Total	**2,271**	**77.5%**	**217**	**7.4%**	**441**	**15.1%**

*data not reported for 12 children due to missing age or ASQ-SE score

Referrals

When a child is identified as in need of additional monitoring, assessment or services, a Wellness Coordinator makes multiple attempts to schedule a meeting with a parent or caregiver to discuss the child's needs and to refer to an appropriate service provider as needed. As discussed earlier in the report, these efforts to re-contact families are time-consuming and sometimes ultimately unsuccessful due to non-returned calls, cancelled appointments and other factors. However, the goal is to meet with the family to discuss the child's scores and then pursue one of two actions. Either the parent/guardian at the referral meeting is provided with the contact information and other necessary details to contact an agency on their own, or Columbus Kids staff directly contacts the agency and schedules an evaluation appointment on behalf of the family.

A total of 942 children are identified as receiving some level of follow-up contact by Columbus Kids staff since the start of the program. This number suggests that efforts were made to re-contact about 73 percent of those identified as in need of monitoring and/or referral based on their initial screening. The distribution of issues among these children closely resembles the group as a whole, with the largest number being flagged for social / emotional (n=213 children) and fine motor (n=205 children) concerns while the smallest number were identified as lagging in personal / social (n=45 children) and gross motor (n=63 children) skills.

The largest number of children identified as receiving follow-up services (n=375 children) were those identified as having "multiple issues." For roughly half of these (186 children or 49.6 percent), the notes section of the database provided additional information about the child's specific areas of concern. Analysis of this information found that, among these children, the number of areas of concern ranged from two to five[1], with an average of 2.6 areas of concerns identified per child (See Table 21).

Table 21: Number and percentage of children by number of areas of concern*

Number of Identified Issues	Number of Children	% of children identified as having multiple issues	% of all children receiving follow-up services
2 issues	111	29.6%	11.8%
3 issues	42	11.2%	4.5%
4 issues	23	6.1%	2.4%
5 issues	10	2..7%	1.1%
Not known	189	50.4%	20.1%

*Because of a lack of clarity between personal/social and social/emotional concerns in some records, five is the maximum number of possible issues for this portion of the analysis.

The distribution of concerns was similar to the population as a whole, with the largest number of children being flagged for fine motor issues (n=122 children) and the combined category of social/emotional and personal/social issues (n=109 children). The smallest number of children were identified as in need of follow-up related to gross motor (n=62 children) and communication (n=84 children) concerns (see Table 22).

[1] Many notes referenced "behavior problems" without clarifying whether the child scored in the monitor or referral range on the ASQ-3's personal/social measure, the ASQ-SE or both. As a result, these measures were collapsed into a single issue area for this portion of the analysis, limiting the maximum number of possible areas of concern to five.

Table 22: Number and percentage of children with multiple issues flagged for each dimension

Dimension	Number of Children	% of children identified as having multiple issues
Communication	84	22.4%
Fine Motor	122	32.5%
Gross Motor	62	16.5%
Problem Solving	107	28.5%
Personal/Social/Emotional	109	29.1%
Not known	189	50.4%

A total of 605 children were identified as in need of on-going monitoring from Columbus Kids staff. In addition, 532 referrals were recorded, with some children receiving more than one referral, and other children receiving both monitoring and one or more referrals. The organizations to which referrals were most often made include Columbus City School District (n=151 children), Nationwide Children's Hospital (n=111 children) and St. Vincent Family Center (n=92 children) (see Table 23). An additional 117 children were identified as receiving a referral to some other organization. An analysis of the notes field within the referral database found that approximately 66 percent included more specific information about one or more organizations to which the child was referred. Those most often mentioned were the Childhood League (n=40); Ready, Set, Grow (n=18) and the child's own pediatrician (n=8). Other mentioned organizations or services included Columbus Public Schools, Child Check Screening, Headstart, the Child Development Center, the Early Childhood Resource Network, Directions for Youth and Families, St. Vincent Family Center, Schoenbaum Center, Nisogner Center, Easter Seals, Kya's Crusade and Ready to Read as well as various types of therapy including those targeting occupational, physical, speech and autism issues. This supports comments made by Columbus Kids staff members during the focus group regarding their wide ranging knowledge of programs available to help local families.

Table 23: Number of children by organization to which they were referred

Organization	Number of Children Referred
Columbus City School District	151
Nationwide Children's Hospital	111
St. Vincent Family Center	92
Columbus Speech and Hearing Center	39
Franklin County Board of DD	22
Other	117

Among the 942 children identified as receiving follow-up services, a total of 970 follow-up outcomes are recorded, with more than one outcome provided for some children and none provided for others. The most common recorded outcome is "Monitoring needs met" (n=560 children), followed by "Services not pursued" (n=158), "Already connected" (n=111) and Services rendered" (n=96). Less commonly recorded outcomes include "Services pending do to wait list" (n=25), "Services determined not needed" (n=14) and "Services rejected by parent / guardian" (n=6) (see Table 24).

Table 24: Recorded Follow-Up Outcomes by Frequency

Follow-Up Outcome	Number of Children
Monitoring Needs Met	560
Services Not Pursued	158
Already Connected	111
Services Rendered	96
Services Pending due to Wait List	25
Services Determined Not Needed	14
Services Rejected by Parent /Guardian	6
No Outcome Recorded	140

Because "Services not pursued" is the second most frequent follow-up outcome recorded by Columbus Kids staff, the referral notes for these 158 cases were analyzed in an effort to identify why so many referred families were not pursuing services. About half (89 cases or 53 percent of the total) do not provide enough information to determine why services were not pursued. Among those that do provide information about why services were not pursued, the most common reason provided (mentioned in 59 cases or 35 percent of the total) inability to reach a parent or guardian, often because no phone number has been provided, the phone number no longer works or because phone messages are left but not returned. An additional 12 cases (7 percent of the total) state that the parent or guardian is not interested in pursuing services, either because s/he does not perceive that a problem exists or because other issues are seen as higher priority at this time. Additional reasons mentioned three or fewer times include the child performing on target when reassessed, the parent not meeting an eligibility or participation requirement, prohibitive cost, language barrier, and inability of the program to provide services due to high demand.

Six-Month Learning Check-Ups

After a child's initial enrollment and screening, Columbus Kids attempts to conduct follow-up learning check-ups at six-month intervals until the child starts school. Staff members attempting to schedule these follow-up meetings experience the same difficulties as those scheduling initial referral meetings as well as additional challenges caused by the passage of time, such as changes in addresses and phone numbers. Table 25 shows the number and percentage of eligible children (those with an initial screening prior to April 1, 2011) who received a second screening. Of the 1,930 eligible children, 650 (approximately 34 percent) are recorded to have received a six-month follow-up ASQ-3 screening and 245 (approximately 13 percent) are recorded to have received a follow-up ASQ-SE screening.

Table 25: Number and Percent of Children* who received a second screening

Screening Instrument	Number of Children with Initial Screening	Number of Children with Second Screening	Percentage with Second Screening
ASQ	1,930	650	33.7%
ASQ-SE	1,930	245	12.7%

*Includes only children with an initial screening prior to April 1, 2011 since children screened after that date would not yet be eligible for a follow-up screening.

The lower percentage of children receiving follow-up ASQ-SE screenings results from the fact that Columbus Kids generally only performs these follow-up assessments with children who were identified as in need of monitoring or referral on their first ASQ-SE screening. This becomes apparent when follow-up screening rates are broken out by the child's initial screening results. For the ASQ-3, children who were identified as on target for all five measures were the most likely to have received a follow-up screening, with a total of 426 children (approximately 36 percent of those eligible) recorded as being rescreened. Children identified as in need of referral for at least one measure and those identified as in need of monitoring had similar rates of ASQ-3 rescreening, approximately 31 percent and 29 percent respectively (see Table 26).

Table 26: Number and Percent who received a second ASQ-3 screening by initial results

Initial ASQ Screening Results	Number of Children with Initial Screening	Percent of Children with Second Screening
On Target	1,179	36.1%
Monitor	401	28.9%
Referral	350	30.9%
Total	**1,930**	**33.7%**

In contrast, when the ASQ-SE rescreening rates are examined, children who were identified as on target are the least likely to have received a follow-up screening, with a total of 140 (approximately 9 percent) recorded as being rescreened for this measure. Among both children identified as in need of referral or monitoring on their first ASQ-SE screening, the rate of rescreening was more than twice as high, with 25 percent of eligible children recorded as receiving a second ASQ-SE screening (see Table 27).

Table 27: Number and Percent who received a second ASQ-SE screening by initial results

Initial ASQ-SE Screening Results	Number of Children with Initial Screening	Percent of Children with Second Screening
On Target	1,508	9.3%
Monitor	132	25.0%
Referral	290	24.8%
Total	1,930	12.7%

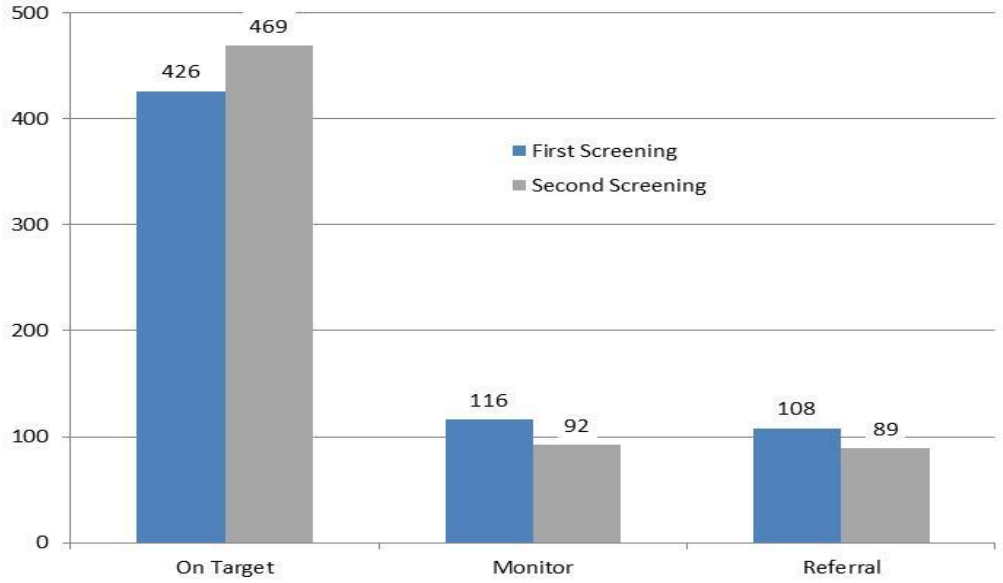
The Columbus Kids model anticipates that learning check-ups will occur at roughly six-month (180 day) intervals, but the actual timing of re-screenings depends on when the family is successfully re-contacted. Among children who have received a second screening and who were flagged as in need of monitor or referral, fewer than half were completed between 160 and 200 days after their initial screening (approximately 42 percent for the ASQ-3 and 46 percent for the ASQ-SE). A small percentage of children were reassessed less than 160 days after their initial screening (approximately 6 percent for the ASQ-3 and 7 percent for the ASQ-SE). However, approximately 52 percent of those rescreened via the ASQ-3 and 48 percent of those rescreened via the ASQ-SE received their second assessment more than 200 days after their initial assessment (see Table 28). Of these, about half occurred 241 days (approximately 8 months) or more after the child's first screening.

Table 28: Timing of second screenings among children flagged for monitor or referral

Length of Time Between First and Second Screening	ASQ		ASQ-SE	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children
< 160 days	13	5.8%	7	6.7%
160 - 200 days	95	42.4%	48	45.7%
201 - 240 days	55	24.6%	27	25.7%
241+ days	61	27.2%	23	21.9%
Total	**224**	**100.0%**	**105**	**100.0%**

A comparison of first and second ASQ-3 screening scores finds that, on the second screening, the number of children found to be on track for all measures increased while the number of children tagged as needing monitoring or referral decreased (see Figure 2).

Figure 2: Comparison of ASQ results for children with two screenings on file



Conclusion

The Year Two Evaluation of Columbus Kids concludes that the program is highly successful in its initial efforts to engage and enroll children and families. The program recruited and screened nearly 3,000 children over a 20-month period. The program is very responsive to the needs and dynamics within the neighborhoods that they have targeted. They moved flexibly to change their partnership and engagement strategies to meet the new conditions in zone 2A. Their ability to be sensitive to cultural and diversity issues is evident in their staffing and their partnership development.

Through the use of the screening tools, ASQ-3 and ASQ-SE, Columbus Kids identified that over half (56%, 1,632 children) of the children screened were on track developmentally. Another 521 or 18 percent of the children screened were identified as in need of

monitoring. Finally, little over a quarter of the children (770 children or 26 percent) screened were flagged as needing a referral for services or further assessment.

Columbus Kids has been able to successfully follow up on nearly three-quarters of the children whose scores indicated a need for monitoring or referral and further assessment. Concerns about social/emotional development or fine motor development were the most common areas of concern. Additionally, 375 children were identified as having multiple areas of concern.

Columbus Kids initiated 532 referrals, with some children being referred for multiple services. Referrals were commonly made to Columbus City School District, Nationwide Children's Hospital and St. Vincent Family Center.

As of September 30, 2011 Columbus Kids has been able to find a third of the children to conduct a second screening. The number of children found to be on track increased during the second screen while the number of children requiring monitoring or referrals to other services declined.

Recommendations

First, it is recommended that Columbus Kids maintain some of the innovative strategies they have already adopted:

> Hiring Columbus Kids team members who are proficient in the language and culture of the communities they are attempting to enroll. This may lead to some internal tension within the organization as the workforce becomes more diversified.
>
> Continued partnership development and maintenance, both with traditional partners, such as social service organizations, schools and faith-based groups and also with the business community as these support both the implementation and sustainability of the Columbus Kids program.
>
> Ongoing professional development including opportunities to cross-train Outreach and Wellness Coordination staff.
>
> Maintain the climate of flexibility and innovation in an effort to reach more children and families.

Additionally, Columbus Kids may also want to consider the following:

Engaging families for a second time, either through follow up by the Wellness staff or for the second screen is more challenging that the initial recruitment. Strategies like the monthly birthday party offers the program opportunities to interact with families and conduct second screens and/or follow up contacts. Asking for more contact information, such as email addresses and a second phone number (Can you give me a phone number for someone who always knows how to get in touch with you, like your parents, a brother or sister or close friend?) may increase the likelihood of locating the family in the future.

Develop improved strategies for tracking referrals and especially, the outcome of referrals may contribute to a greater understanding of the accessibility and availability of needed services.

As the program enrolls more children and the challenges with second contacts increase, there may be some benefit to prioritizing those children who flag as in need of monitoring, referral or further assessment and focus increased attention on engaging them in the second screen.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